

WALPOLE POLICE DEPARTMENT

APPLICATION FOR SOLICITING



The following data must be submitted for <u>each</u> solicitor		
Name of Applicant:	D.O.B:	
Home Address:	City/State:	
Social Security #:	Phone #:	
Prior address if less than 3 years: _		
Driver's License #:		
If soliciting is to be done in the interest of a group, firm or organization		
Business/Organization Name:		
Business/Organization Address:		
Business/Organization Contact Person:		
Business/Organization Contact Phone #:		
Please describe nature of business or solicitation intentions in detail:		
Date of requested soliciting:	Hours requested:	
Please list the last three (3) communities (if any) in which you have conducted a solicitation or canvassing		
operation:		
	Motor Vehicle Information	
Wotor Venicle Information		
Vehicle registration number & state: _		
Vehicle owner name:		
Vehicle owner address:		

Criminal History		
List date and nature of any criminal conviction within the past five (5) years. (Incomplete or inaccurate answers are grounds for denial of application)		
	*Please Note: Applicants are required to:	
Turn in a c	copy of a photo ID card (e.g. driver's license, passport) with this application.	
Furnish a 2" x 2" ph	oto upon approval of this application which may be affixed to your registration card.	
Each	applicant for registration or re-registration shall pay a fee of \$10.00.	
A check shall be made payable, <u>at the time of application</u> , to the "Town of Walpole".		
(Signatu	re of Applicant) (Date)	
Department Use Only		
Approved By: _		
Denied By: _		
Date:		